



REGISTRATION FORM



Child's Name: _____ M _____ F _____

Child's Age: _____ Date of Birth: _____ Last grade completed: _____

Parent/Guardian Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Home Church: _____

In Case of Emergency

Name: _____

Relationship to Child: _____

Cell Phone: _____

Allergies or Other Medical Conditions: _____

Medications (such as an EpiPen or inhaler) that will accompany child (all medications must be clearly marked with the child's name and dosage): _____

Other helpful notes: _____

By attending and/or signing up your attendee all responsible parties and participants are consenting to the use of all photos and videos obtained during this event for promotional publications.

Parent Signature: _____